

# VS Form 10-4 Specimen Submission

*This form can be used any time that specimens are submitted to the USDA-APHIS-VS National Veterinary Services Laboratories (NVSL) for diagnostic testing. If the sample(s) is being submitted under the direction of the Area Veterinarian in Charge (AVIC) or other federal veterinarian for foreign animal disease (FAD) or program disease surveillance purposes, the submitting veterinarian may not be required to provide payment for the services. Otherwise, payment for diagnostic services is required. Check with your State Animal Health Official's Office or VS Area Office before submitting samples potentially related to a foreign animal or program disease.*

This document is intended to give guidance on how to complete VS Form 10-4. Recognize that these are not official directions and forms change over time. If you have any questions regarding how to complete this form, contact your VS Area Office. A properly completed form is critical to assure proper compliance.

*A separate form should be completed for each species and each owner. All information must be printed legibly or typed. NVSL maintains a master list of repeat submitters. Repeat submitters should include their submitter ID on all submissions.*

**PAGE:** Specify what number each page is (if more than one). For example, "Page 1 of 3; Page 2 of 3; and Page 3 of 3".

- 1. SUBMITTER NAME** (Including Business Name): Name of the veterinarian who is submitting the sample.  
Must also include the name of the veterinarian's business.  
**EMAIL ADDRESS:** E-mail address of submitting veterinarian.  
**PHONE NO.:** Telephone number (including area code) of the submitting veterinarian.  
**FAX NO.:** Fax number (including area code) of the submitting veterinarian.  
**MAILING ADDRESS:** Complete mailing address for correspondence with the submitting veterinarian.
- 2. NVSL SUBMITTER ID:** NVSL submitter ID of the submitting veterinarian.
- 3. NAME OF OWNER:** Name of the current owner of the animals. If submitting wildlife samples, check the box which indicates no owner.  
**OWNER CITY:** City of owner of the animals.  
**STATE/COUNTRY:** State of owner of the animals.
- 4. LOCATION OF ANIMALS**  
**PREMISES ID:** If available, include the state issued premises identification number.  
**COUNTY; STATE/COUNTRY:** County and state where the animals from which the samples were collected are located.
- 5. PAYMENT METHOD:** Mark the appropriate method of payment for all testing fees and provide information as necessary (check/money order, credit card information, or user fee account number if the veterinarian has a user fee account with NVSL). Cash should never be sent!
- 6. HERD/FLOCK SIZE:** Number of animals in the herd/flock of origin for the animals being tested/examined.
- 7. NO. IN HERD/FLOCK AFFECTED:** Number of animals in the herd/flock of origin that have clinical signs comparable to those exhibited by the animal(s) from which specimens have been obtained.
- 8. NO. IN HERD/FLOCK DEAD:** Number of animals in the herd/flock of origin that have died with clinical signs comparable to those exhibited by the animal(s) from which specimens have been obtained.

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- 9. EXAMINATIONS REQUESTED:** Indicate the tests/procedures to be performed on the specimen(s). Be as specific as necessary. In some cases, an exporting partner may require a specific test method for a given disease. In this case, the veterinarian should specify that required test. In cases for which the goal is a definitive disease diagnosis, the veterinarian may describe the clinical signs and allow the diagnostician to use the information provided and proceed at his/her discretion. In this situation, provide as much information as possible in this space and in box 22 (ADDITIONAL DATA).
- 10. COLLECTED BY:** Specify the name of the person who collected the submitted samples.
- 11. DATE COLLECTED:** Specify the date (DD/MM/YYYY) the submitted samples were collected.
- 12. AUTHORIZED BY:** This entry will usually be the Area Veterinarian-in-Charge (AVIC). Authorization is only required if samples are being submitted for surveillance of program diseases, or for FAD diagnostics. In these cases, the AVIC can authorize federal payment so that the submitter will not be charged for the diagnostic test(s). Otherwise, leave this space blank.
- 13. PURPOSE OF SUBMISSION:**
- INTERSTATE MOVEMENT:** Tests conducted to ensure an animal(s) or poultry is eligible for interstate movement.
  - EXPORT:** Tests conducted for the purpose of qualifying animals or poultry, including wild animals and birds, or animal or poultry products for exportation to a foreign country.
  - PRE-IMPORT:** Tests conducted for the purpose of qualifying animals or poultry, including wild animals and birds, or animal or poultry products for import into the U.S. Select this purpose when the animals or products have not yet been moved into the U.S.
  - IMPORT:** Tests are conducted for the purpose of qualifying animals or poultry, including wild animals and birds, or animal or poultry products for importation into the U.S.
  - FAD/EP DIAGNOSTIC:** Tests conducted for the purpose of diagnosing or confirming a FAD, or for the eradication of a FAD that has gained entrance into the U.S.
  - SURVEILLANCE:** Tests conducted for the purpose of monitoring a specific disease, a specific insect, analyzing specific products used to treat animals, poultry, or decontaminating animal or poultry facilities.
  - TB:** A specific request for diagnosis of tuberculosis.
  - GENERAL DIAGNOSTIC:** Tests conducted for the purpose of diagnosing or confirming a domestic disease, and/or analysis of environmental products that may be contributing to an existing disease condition.
  - DEVELOPMENTAL RESEARCH:** Tests conducted for the purpose of supporting a developmental or research project conducted by another laboratory of NVSL, by staff or field personnel of VS, or by other laboratories, institutions, or agencies.
  - REAGENT EVALUATION:** Tests conducted for the purpose of evaluating a reagent produced by another laboratory of NVSL or by other laboratories, institutions, or agencies.
  - NVSL INTRALAB:** Tests are conducted for the purpose of diagnosing or confirming a disease condition, analyzing environmental products that may be contributing to a disease condition, or for analyzing chemical products for an other laboratory of NVSL.
- 14. COUNTRY OF ORIGIN/DESTINATION:** Country of origin if the animal(s) was imported and being retested by the port veterinarian at the animal import center. Country of destination if the animal(s) is being exported to another country and is being tested by the accredited veterinarian. This enables the laboratory to better understand which test to conduct.
- 15. REFERRAL NUMBER:** Case number assigned by the original laboratory if the sample is being forwarded to NVSL from another lab. If this is a FAD submission, the investigation control number should be listed. If this is a diagnostic or export test, the submitter can assign their own referral number for tracking. Otherwise, leave blank.
- 16. PRESERVATION:** Check all blocks that apply.
- 17. SPECIMENS SUBMITTED:** Mark all specimen types that are included in the shipment. Ensure that all samples are labeled appropriately.
- 18. TOTAL NUMBER OF SPECIMENS SUBMITTED:** Number of specimens included in the shipment.

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- 19. SPECIES OR SOURCE:** Mark the species or source for the specimens submitted. Only ONE species/source should be included per form, although more than one specimen type can be included and more than one specimen from each animal can be submitted.
- 20. NUMBER OF ANIMALS SAMPLED:** Indicate the number of animals from which samples were collected.
- 21. IDENTIFICATION:** Ensure that each sample can be accurately associated with the animal from which it was collected.  
**SAMPLE ID:** Indicate how the sample is labeled or identified.  
**ANIMAL ID:** List the animal's unique ID as results will be reported out by animal ID.  
**BREED:** List the breed of the animal on that line.  
**AGE:** Indicate the age of the animal in units. Specify if given in days, months or years. For example, a 2 year old animal would be 2y. A 6 month old animal would be 6m.  
**SEX:** Indicate the sex of the animal (M – Male, F – Female, NM – Neutered Male, NF – Neutered Female).
- 22. ADDITIONAL DATA:** Provide history, clinical signs, post mortem findings, remarks, tentative diagnosis or other information that may assist the NVSL diagnostician.
- 23. SIGNATURE OF SUBMITTER AND DATE:** Signature of accredited veterinarian submitting the samples and date signed.

## VS Form 10-4 Specimen Submission - Continuation Sheet

Complete this Continuation Sheet if all samples being submitted cannot be reported on the VS Form 10-4 Specimen Submission. Complete all boxes as completed in the main form.

**PAGE:** Continuation sheets must be numbered as pages of the 10-4. If 2 continuation sheets are used, the first continuation sheet is numbered Page 2 of 3 and the second continuation sheet is numbered Page 3 of 3.

- 3. NAME OF OWNER/BROKER:** Enter the complete name of the animal owner listed in box 3 on VS Form 10-4.
- 15. REFERRAL NUMBER:** Enter the referral number listed in box 15 on VS Form 10-4.
- 21. IDENTIFICATION:** Continue the specimen numbering sequence started on VS 10-4, block 21. Enter the Animal ID, breed, age, and sex of each animal sampled. If more than 48 specimens are submitted, use additional VS Form 10-4A as required. Please limit to <250 specimens per VS Form 10-4.